

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

RECEIVED
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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

| | | | |
|--|--|--|---|
| 1. TITLE OF NEWSPAPER | | True Dakotan | |
| 3. FREQUENCY OF ISSUE | | 3A. NO. OF ISSUES PUBLISHED ANNUALLY | 3B. ANNUAL SUBSCRIPTION PRICE \$ 42.25 ⁰⁰ out 52 ⁰⁰ of st. |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) | | | |
| PO Box 358 Wessington Springs, SD 57382 Jerald Co | | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) | | | |
| same | | | |
| 6. FULL NAME OF PUBLISHER: Kristi Hine | | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) | | | |
| FULL NAME | | COMPLETE MAILING ADDRESS | |
| Kristi Publishing, Inc | | PO Box 358, Wess. Springs, SD 57382 | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) | | | |
| NESDEC, AreaWide Business Council | | | |
| 9. EXTENT AND NATURE OF CIRCULATION | | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | | 1400 | 1400 |
| B. PAID AND/OR REQUESTED CIRCULATION | | | |
| 1. Sales through dealers and carriers, street vendors, and counter sales. | | 260 | 260 |
| 2. Mail Subscription (Paid and or requested) | | 691 | 702 |
| 3. Paid Electronic Copies | | 66 | 66 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | | 1017 | 1028 |
| D. FREE DISTRIBUTION | | | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | | 4 | 4 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | 2 | 2 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | | 1023 | 1034 |
| F. COPIES NOT DISTRIBUTED | | | |
| 1. Office use, left over, unaccounted, spoiled after printing | | 377 | 366 |
| 2. Return from News Agents | | | |
| G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.) | | 1400 | 1400 |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete: *[Signature]*

S. A. G. and D. L.

State of South Dakota

SEAL
DELIA ATKINSON
Notary Public
SOUTH DAKOTA

Sworn to before me this 29 day of July 2012

Notes - Public

My commission expires: 8-10-2027